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OTHER: 622449

## **Maine Secretary of State**



## 2014 Annual Report Electronic Filing Acknowledgment

For Limited Liability Companies on file as of December 31, 2013

Charter Number 20051139DC DCN Number. 2140019059373

Legal Name. VILI AGE AT LITTLE FALLS, LLC

#### Registered Agent's Name and Address:

ANDREW BLOOM 100 COMMERCIAL STREET SUITE 410 PORTLAND, ME 04101

#### Brief statement of the character of the business.

REAL ESTATE DEVELOPMENT

#### Name and Address of Members, Managers or other Authorized Persons<sup>1</sup>

RENEE LEWIS 100 COMMERCIAL STREET SUITE 410 PORTLAND MD 04101

Date of Filing. May 6, 2014

#### Name and Capacity of Authorizing Party:

MICHAEL ARMAN, CFO

SEMS DocID

622449



#### Department of the Secretary of State

#### Bureau of Corporations Elections and Commissions

John L. Flynn Deputy Sevencey of State

> 20051139DC 2132399650014

VILLAGE AT LITTLE FALLS, LLC ANDREW BLOOM, REGISTERED AGENT 100 COMMERCIAL STREET SUITE 410

PORTLAND ME 04101

The above named limited liability company was reinstated effective August 26, 2013

Sincerely,

Cathy Beaudom

Director of Corporations, UCC & Commissions

101 State House Station Augusta, Maine 04333-0101 www. Maine gov/ros

Filing Fee \$85.00

Make check payable to Secretary of State

Please file by APRIL 1, 2013

#### STATE OF MAINE 2013 ANNUAL REPORT

FOR LIMITED LIABILITY COMPANIES ON FILE AS OF DECEMBER 31 2012

Pursuant to 31 MRSA §1856.3 the information on the report must be current as of the date signed

Do not change any preprinted information on this form.

Filing by April 1 2013 will ollow us to provide better service. This legal targ deadline is still June 1 2013, A \$50 tain liling the will be assessed if the report is total

DCN Number

2130019060236

Charler Number

20051139DC

VILLAGE AT LITTLE FALLS, LLC ANDREW BLOOM, REGISTERED AGENT 100 COMMERCIAL STREET SUITE 410 PORTLAND, ME 04101

If you have any questions regarding the completion of this ennual report or if the preprinted information on this report form is incorrect contact the Reporting & Information Section at (207) 624-7752. All corporate forms are available on our website at www mains gov/sos/cec/corp. To file your annual report online go to www.SOSonline.org and click on the Interactive Corporate Services tink. Please see reverse side of this form for additional filling instructions. ->->->

1	A brief statement of the character of the business in which the fimited flability company is actually engaged in the State of Maine, if none, so Indicate (51 MISAS \$466.10)					
	General Beal Estat	e				
	2 Name of all least one Mamber or Manager or other authorized person	Street address of each (not P O Box) (physical location (not P.O Box) street, foundally 1/6)				
	Michael Arman, Astropized	250 Parek Avenue 5, 3 <sup>rd</sup> A. New York NY 10003				
21		ever if more space is needed, please attach additional pages, using one charter number of the limited liability company across the top of the page inter of pages attached:				
D	Dated 8 22 2013	Mulle				
		Michael Aman Authorized Signatory				
	ĮĘĘ	(TUPE OR PRINT MARE AND CAPACITY)				
RI	RETURN TO. Reporting Section, Buseau of Corporations, Elec	tions and Commissions 101 State House Station, Augusts, Maine 04323-0101				



## 2012 Annual Report Electronic Filing Acknowledgment

For Limited Liability Companies on file as of December 31 2011

Charter Number: 20051139DC DCN Number: 2120019061111

Legal Name: VILI AGE AT LITTLE FALLS, LLC

#### Registered Agent's Name and Address:

ANDREW BLOOM 100 COMMERCIAL STREET SUITE 410 PORTLAND, ME 04101

#### Brief statement of the character of the business:

REAL ES LA LE DEVELOPMENT

#### Name and Address of Members, Managers or other Authorized Persons:

RENFE LIFWIS 100 COMMERCIAL STREET SUITE 410 PORTLAND MD 04101

Date of Filing: May 8, 2012

#### Name and Capacity of Authorizing Party:

MICHAEL J ARMAN, SECRETARY



## 2011 Annual Report Electronic Filing Acknowledgment

For Limited Liability Companies on file as of December 31 2010

Charter Number: 20051139DC DCN Number. 2110019062092

Legal Name. VILLAGE AT LITTLE FALLS, LLC

#### Registered Agent's Name and Address:

ANDREW BLOOM 100 COMMERCIAL STREET SUTTE 410 PORTLAND, ME 04101

#### Brief statement of the character of the business:

REAL ESTATE DEVELOPMENT

#### Name and Address of Manager:

RENEE LEWIS 100 COMMERCIAL STREET SUTTE 410 POR FLAND MD 04101

Date of Filing. February 1, 2011

#### Name and Capacity of Authorizing Party:

MICHAEL ARMAN AUTHORIZED SIGNER

#### LIMITED LIABILITY COMPANY

STATE OF MAINE

NONCOMMERCIAL REGISTERED AGENT

STATEMENT OF APPOINTMENT OF CHANGE

File No. 20051139DC Pages 2
Fee Paid \$ 35
DCN 2102092500018 AGNT
—FILED
07/22/2010

Deputy Secretary of State

A True Cupy When Attested By Signature

Deputy Secretary of State

Filing Fee \$35 00 for each limited liability company listed

Pursuant to 5 MRSA §§105, 108, & 109, the undersigned limited liability company executes and delivers the following statement of appointment and/or change of address by a noncommental Registered Agent

FIRST	("X" all boxes that apply)				
A	Liberige of address				
B.	change to/of noncommercial registered agent and address				
C	change of noncommercial registered agent				
D	change in name of current noncommercial registered agent				
SECOND	The name and address of the registered agent appearing on the record in the Secretary of State's office.				
	(name of current registered agent)				
	100 Commercial street Suite 410				
	(physical street address, city date and 7/p code)				
-+	Poetland ME D4101				
	(mailing address if different from above)	•			
тыко:	(For foreign limited liability companies only)				
	Jurisdiction of Organization				
	Date authorized to transact business in the State of Maine				

Form No. MLLC-3-NCRA (1 of 2)

FOURTH	Complete this	item as follows based on y	our selection in Item Fin	<del>*</del>
	A The	new address of the noncom	marcial registered agenti	(provide address information only)
	B. The	rame and address of the ne	m noncommercial registe	red agent (provide name and address information).
	C The	same of the new noncomm	ercial registered agent (p	sovide name only); OR
	D The	new name of the current no	monumercial registered a	igent (provide name only)
		Andre	ru Bloom	
				and of current noncommercial regretered agent)
	(maur	E OL BEM BOUCOURNESCIRED	chierard after or new ne	and of Content Housean March 45 45 45 45 45
		(होगुडाटा) चार	ect address, not a P O Bo	x - city state and zip code)
		(17)	uling address if different	from above)
ргутн	Pursuant to 5 (muted habit)		red agent as listed above	has consented to serve us the registered agent for the
	- ' -		-	
SIXTH	The undersign trability comp	ned noncommercial registerance of the change indicate	red agent of the following d in Item First A or D	g limited hability company(s) has notified each limited
	Name of Limit	ted Liab@ty Company	Jurkdiction	Date authorized or organized in Maine
	<del> </del>		44	
	<del></del>			
				443 (444 4
		nes of additional limited lix	ibility companies attached	i hereto as Exhibit and made a part hereof
¬	110/10		4B.	man Clan
Dated/_	179710	<del></del>	*by	(signature)
		<del>-</del>	<u>M</u>	(type or print name and capacity)
		1 7 11		
	m MUST be sign	ed as follows A or D was selected then	hy the appenimencial re-	estered auent. OR
(1) (2)		Bor ( was selected then		<i>y</i>
(-1	dit at k	ast one manager OR		a
			ted liability company is o	nanaged by the members; OR
	(iii) any	duly authorized person		
Please remait;	your payment mad	e payable to the Maine Sc	cretary of State	
Submit comp	leted form to	101 State House Sta		issiocs
		Augusta, ME 0433. Telephone Inquiries		Email Inquiries: CEC Corporations & Maine gov
		combinate induties	Z-411.004.1109	

Form No. MLLC 3 NCRA (2 of 2) 7/1/2008



## 2010 Annual Report Electronic Filing Acknowledgment

For Limited Liability Companies on file as of December 31 2009

Charter Number. 20051139DC DCN Number: 2100019063190

Legal Name VILLAGE AT LITTLE FALLS LIC

#### Registered Agent's Name and Address:

FRANK K N CHOWDRY 100 COMMERCIAL STREET SUITE 410 PORTLAND, ME 04101

#### Brief statement of the character of the business:

REAL FSTATE DEVELOPMENT

#### Name and Address of Manager:

RENFE LEWIS 100 COMMERCIAL STREET SUTTE 410 POR ILAND MD 04101

Date of Filing: May 19, 2010

#### Name and Capacity of Authorizing Party:

MICHAEL ARMAN, CPO



## **Change of Registered Office Address**

Charter Number: 20051139DC DCN Number. 2101390000012

Legal Limited Liability Company Name: VILLAGE AT LITTLE FALLS LLC

Registered Agent Name: FRANK K. N. CHOWDRY

#### Old Registered Office Mailing Address:

PO BOX 4510 PORTLAND, ME 04112-4510

#### **New Registered Office Malling Address**

100 COMMERCIAL STREET SUITH 410 PORTLAND, WE 04101

#### Old Registered Office Physical Address:

10 FREE STREET PORTLAND, ME 04101

#### New Registered Office Physical Address:

100 COMMERCIAL STREET SUITE 410 PORTLAND, ME 04101

#### Date of Filing:

May 19, 2010

#### Name and Capacity of Authorizing Party:

MICHAEL ARMAN REGISTERED AGENT

Filing Fee \$85 00

Make check payable to Secretary of State

Please file by APRIL 1, 2009

#### STATE OF MAINE 2009 ANNUAL REPORT

FOR LIMITED LIABILITY COMPANIES ON FILE AS OF DECEMBER 31 2008

Pursuant to 31 MRSA §757 2 the information on the report must be current as of the data aignod

Do not change any preprinted information on this form.

Fong by April 1 2003 nell allow us to provide befor service. The legal florg deedine is still June 1 2009. A \$50 late filing fee will be assumed if the report is table.

**DCN Number** 

2090019855423

Charter Number

20051139DC

VILLAGE AT LITTLE FALLS, LLC FRANK K N CHOWDRY, REGISTERED AGENT P O BOX 4510 PORTLAND, ME 04112-4510

If you have any questions regarding the completion of this annual report or if the preprinted information on this report form is incorrect, contact the Reporting & Information Section at (207) 624-7752. All corporate forms are available on our website at www maine gov/sos/cec/corp. To file your annual report ordine, go to www SOSonline org and click on the Interactive Corporate Services link. Please see reverse side of this form for additional filling instructions.

Maine if none so indicate or was per +c;				
Real Estate Developmen	nt			
2 Name of 1 to 7 Managers (1) MRSA 9757 (D. \$655 and \$861)	Street address of each (not P O Box) (physical location (not P O Box) street or rural route number townfory ap)			
Renee Lewis	2 Market Street, Portland, Maine 04101			
**************************************	The second state of the se			
	USED. However if more space is needed, please attach additional pages using on the name and charter number of the limited liability company across the top of the page lively. List number of pages attached			
Dated 14 14 1019	SAUTINGACIED SUGNATURES			
	Frank K. N Chowdry, Requestered Agent (TYPE 04 Plant of RAME AND CAPACITY) (Exercises of Vieta 1767 ) Penalty for Justice of encode and capacity is vieta, 507 ) and 4771 ?)			
RETURN TO: Reporting Section, Bureau of Co FORM NO MLC-13	erporations, Elections and Commissions, 101 State House Station, Augusta Maure 04333-0161			

Filing Fee \$85 00

Main check payable to: Secretary of State

> Please file by APRIL 1, 2008

#### STATE OF MAINE 2008 ANNUAL REPORT

FOR LIMITED LIABILITY COMPANIES ON FILE AS OF DECEMBER 31 2007

Pursuant to 31 MRSA §757.2 the information on the report must be current as of the date aigned

Do not change any preprinted information on this form

Faing by Apal 1 2008 will allow ut to provide bother service. The legal lang deathers is still June 1 2008. A 500 late fring fee will be sanctioud if the report in table.

**DCN Number** 

2080019867618

Charter Number

20051139DC

- ----

VILLAGE AT LITTLE FALLS, LLC FRANK K N CHOWDRY, REGISTERED AGENT P O BOX 4510 PORTLAND, ME 04112-4510

If you have any questions regarding the completion of this annual report or if the preprinted information on this report form is incorrect contact the Reporting & Information Section at (207) 824-7752. All corporate forms are available on our website at www.maine.gov/soa/cec/corp. To file your annual report online, go to www.SOSonline.org and click on the interactive Corporate Services link. Please see reverse side of this form for additional filling instructions. → → →

1	A brief statement of the character of the business in which the limited liability company is actually engaged in the State of Maine if none so indicate gradients in				
	Real Esta	te Development			
2	Name of 1 to 7 Managers (31 MRS+2157 10,565) and 504)  Renec Lewis	Street address of each (not PO Box):  (physical location (not PO Box): street or rural nouter number town/tab, 2p)  2 Mark A St. Po Hall ME OY101			
TI	HIS PREPRINTED FORM MUST BE USE	D However if more space is needed, please attach additional pages, using one			
gi Ei	do only All attachments must contain the na ach page should be numbered consecutively	ume and charter number of the limited liability company across the top of the page.  List number of pages attached			
D	atod Apr/ 2, 2008	Rance Leers Minager			
		(TYPE OR PRINT WARE AND EAPACHY): (31 BRIGA \$757.) Penally for units or considerations. 31 MRSA \$42° 2 and \$121.2%			

RETURN TO Reporting Section, Bureau of Corporations, Elections and Commissions, 101 State House Station, Augusta, Maine 04333-0101 FORMAD MUCH3



## 2007 Annual Report Electronic Filing Acknowledgment

For Limited Liability Companies on file as of December 31 2006

Charter Number 20051139DC DCN Number. 2070019857925

Legal Name. VILLAGE AT LITTLE FALLS, ILLC

#### Registered Agent and Registered Office

FRANK K N CHOWDRY PO BOX 4510 PORTLAND, ME 04112-4510

#### Brief statement of the character of the business:

REAL ESTATE DEVELOPMENT

#### Name and Address of Manager:

RENEE LEWIS
2 MARKET STREET 6TH FLOOR PORTLAND, ME 04101

Date of Filing. May 31, 2007

### Name and Capacity of Authorizing Party:

BETHANY A ROMA, OPERATIONS MANAGER

#### DOMESTIC LIMITED LIABILITY COMPANY

STATE OF MAINE

# CHANGE OF REGISTERED AGENT and/or REGISTERED OFFICE

Village at Little Falls LLC
(Name of Limited Liability Company)

Filing Fee 535 fft for each limited (inhility common thered	
File No 20051139DC Pages 2	
Fee Paid \$ 35	
DCN 2063411500007 AGRO	
FILED	
12/04/2006	
момномическом положения по	***
Julie L. Flynn	
7	
Deputy Secretary of State	
A True Copy When Attested By Signature	
Deputy Secretary of State	

Pursuant to 31 MRSA §007 the undersigned limited hability company executes and delivers the following Change of Registered Agent and/or Registered Office:

("X" all boxes that apply)							
	change of registered office	В	X	change of registered agent and registered office			
	change of registered agent	D		change in name of current registered agent			
The n	The name and registered office of the registered agent appearing on the record in the Secretary of State's office						
Paul E Peck							
		(source	्र तकास्त्र। तसू	प्रायत श्रुवत्।)			
One Monument Way Portland, Maine 04101							
		(SDect	Luty state a	nd zsp code)			
Complete this item as follows based on your selection in item First:							
A. The address of the new registered office (provide address information only);							
B. The name and registered office of the new registered agent, who must be an individual Maine resident or a corporation, foreign or domestic, authorized to do business or carry on activities in Maine (provide name and address information).							
C. The name of the new registered agent, who must be an undividual Mame resident or a corporation, foreign or domestic authorized to do business or carry on activities in Maine (provide name only). OR							
D. The new name of the current registered agent (provide name only)							
Frank k N Chowdry							
(name of new registered agent or new name of current sequishered agent)							
10 Free Street Portland, Maine 04101							
(physical location, not PO Box - steed, city state and explande)							
P O Box 4510, Portland, Maine 04112 4510							
	Company Compan	change of registered office change of registered agent The name and registered office of the reg Paul E Peck  One Monument Way Portland, Maine  Complete this Item is follows based on y  A. The address of the new registere B. The name and registered office corporation, foreign or domest address information)  C. The name of the new registered domestic authorized to do busin D. The new name of the current reg  Frank k. N. Chowdry  (trans of new  10 Free Street Portland, Maine 04101)	change of registered office B  change of registered agent D  The name and registered office of the registered agent    Paul E Peck      Complete Peck      Complete this item is follows based on your select    A. The address of the new registered office (B. The name and registered office of the discorporation, foreign or domestic, authorised address information)  C. The name of the new registered agent, we domestic authorized to do business or care.  D. The new name of the current registered agent, we domestic authorized to do business or care.  Frank k. N. Chowdry   (name of new registered agent)    (physical location, rist)      (physical loc	change of registered office B X  change of registered agent D  The name and registered office of the registered agent appear  Paul E Peck  teams of current registered from the Name of current registered agent with the state of current registered that them as follows based on your selection in Item  A. The address of the new registered office (provide act  B. The name and registered office of the usw registered corporation, foreign or domestic, authorized to do be address information)  C. The name of the new registered agent, who must be domestic authorized to do business or carry on activity.  D. The new name of the current registered agent (provide activity in the new name of the current registered agent (provide activity).  (name of new registered agent or new name of the current registered agent (provide activity).			

FORM NO MILLC 3 (1 of 2)

(rousing address of different from above)

FOURT	TH .	The undersigned registered agent of the following limited liability company(ics) who has changed the address of the registered office OR who has changed his or her name has notified each limited liability company of the change indicated in Item Third A or D					
		Name of Limited Liability Compar	ц				
		Names of additional limited	liability companies attached hereto as Exhibit and made a part hereof				
Note		owing must be signed by the proper p	erson as designated below. Magazinadium, agust for				
DATE	Nevent	per 30 2006	*Bs Jennethe (symme)				
			Kenneth S Ray, President Pioneer Capital Corp Sole Member				
			(type or prost name and capacity)				
		Acceptance of	Appaintment of New Registered Agent				
The und	craigned l	hereby accepts the appointment as reg	nstered agent for the above-named limited hability company				
Registe	red Agen	t,	DATED November 30 2006				
9	nau	ill Chrydry	Frank & N Chowdry				
		(Magnatum)	(type or prof name)				
For Re	sistered A	agent which is a Corporation					
Name o	f Corpora	iton					
Ву	**************************************		A STATE OF THE PARTY OF THE PAR				
		(authorized segmenture)	(type or pant name and capacity)				
Note.		locument changes the Registered Ag must accompany this document	gent and the new Registered Agent does not sign Form MLLC-18 (1) MRSA				
*This co	atilicate 1	MUST be aigned as follows					
	(1) if Ite (2) if Ite	m First, A was selected, then by the F in First, B or C was selected, at least managed by the members OR any di	one manager OR at least one member if the limited liability company is ity authorized person OR				
	(3) if Ite	m First, D was selected, then by the I	Registered Agent				
Please n	emu your	payment made payable to the Mame	Secretary of State				
	SUBM	ITI COMPLETED FORMS TO-C	ORPORATE EXAMINING SECTION, SECRETARY OF STATE, IDI STATE HOUSE STATION, ALGUSTA, ME 04333-0101				
RM NO	MLLC-3	(2 of 2) Rev 8/1/2004	TEL. (207) 624-7740				

Wed Sep 24 2014 11 54 45

FORM NO MLLC-3 (2 of 2) Rev 8/1/2004



## 2006 Annual Report Electronic Filing Acknowledgment

For I imited Liability Companies on file as of December 31 2005

**Charter Number: 20051139DC DCN Number: 2060019861972** 

Legal Name. VILLAGE AT LITTLE FALLS, LLC

#### Registered Agent and Registered Office:

PAUL E PFCK ONE MONUMENT WAY PORTLAND, ME 04101

#### Brief statement of the character of the business:

REAL FSTATE DEVELOPMENT

#### Name and Address of Manager:

RENFE LEWIS 25 PEARL STREET, 3RD FLOOR, PORTLAND, ME 04101

Date of Filing July 12, 2006

#### Name and Capacity of Authorizing Party:

RENEE LEWIS, MANAGER



#### Bureau of Corporations, Elections and Commissions

Department of the Secretary of State

India L. Flynn Deputy Secretary & Santa

June 29, 2006

20051139 DC

2061749068502

VILLAGE AT LITTLE FALLS LLC
PAUL F PECK, REGISTERED AGENT
ONE MONUMENT WAY
PORTI AND ME 04101

#### RE FAILURE TO FILE ANNUAL REPORT - FILE ONLINE TODAY!

Our records indicate that you have not yet filed your 2006 Annual Report for the year ending December 31, 2005, which was due in our office on or before June 1, 2006 together with the filing fee of \$85.00. We are therefore required by 31 M.R.S.A. Section 758 (1) to assess a late filing penalty of \$50.00.

If this office does not receive the Annual Report in proper filing order together with the \$85 00 filing fee and the \$50 00 late filing penalty, within 65 days of the date of this notice, your limited liability company will be administratively dissolved.

You may file your 2006 Annual Report using Annual Reports Online available at www SOSonline org. The filing fee and the late filing penalty may be paid over the Internet with Echeck, Visa or MasterCard. As an alternative, if you need to file the paper annual report you may download the preprinted annual report form by using Paper Annual Reports also available at www SOSonline.org

Both online services will require that you enter the following information

Charter Number 20051139DC

If you have any questions concerning this matter please contact the Reporting and Information Section of our office at (207)624-7752

Sincerely

Timothy R Poulin

Trity R Pali

Director.

Division of Corporations and UCC

101 State House Station, Augusta Maine 04333-0101 www. Maine gov/sos



## 2005 Annual Report Electronic Filing Acknowledgment

For Limited Liability Companies on file as of December 31 2004

Charter Number. 20051139DC DCN Number. 2050039865723

Legal Name. VILLAGE AT LITTLE FALLS, LLC

#### Registered Agent and Registered Office.

PAULE PECK ONE MONUMENT WAY PORTLAND, ME 04101

#### Brief statement of the character of the business

REAL ESTATE DEVELOPMENT

#### Name and Address of Manager:

SCOTI P LALUMIERE 25 PEARL STREET, 3RD FLOOR, PORTLAND, ME 04101

Date of Filing June 2, 2005

#### Name and Capacity of Authorizing Party:

SCOTT P LALUMIERE, MANAGER

#### DOMESTIC LIMITED LIABILITY COMPANY

STATE OF MAINE

## ARTICLES OF ORGANIZATION OF LIMITED LIABILITY COMPANY

Ottank box only if applicable)

This is a professional familed fiability company\*\* formed pursuant to 13 MRSA Chapter 22-A to provide the following professional services

(type of professional services)

FILE NO 20051139DC PAGES 2 FEE PAID \$ 175 DCN 2043001500020 LTLC 
Deputy Secretary of State
A True Copy When Attested By Signature
Deputy Secretary of State

Pursuant to 31 MRSA §622 the undersigned executes and delivers the following Articles of Organization of Limited Liability Company

FIRST:

The name of the fimited flability company is

Village at Little Falls, LLC

(The storie must commit use of the following: "Luminot Libriting Company" "L.L.C. or "LLC. 31 MRSA §603 A.1)

William Etm \$175 00

SECOND

The name of its Registered Agent an individual Maine readent or a corporation, foreign or domestic, authorized to do business or carry on activities in Maine, and the address of the registered office shall be

(100.705)

Paul E. Peck

One Monument Way, Portland ME 04101

(physical functions: street (not P.O. Box) city: state and zip code)

(mailing address if different from above)

THIRD:

("X" one box only)

A The management of the company is vested in a member or members

() (X)

The management of the company is vested in a manager or managers. The minimum ramber shall

be \_\_\_1 \_\_ managers and the maximum mumber shall be \_\_\_7 \_\_ managers

2 If the initial managers have been selected, the name and business residence or mailing address of each manager is

Name

Address

Scott P Lalumiere 25 Pearl Street, Portland ME 04101

Names and addresses of additional ramagers are attached hereto as Exhibit \_\_\_\_\_, and made a part hereof

FOURTH

Other provisions of these articles at any, that the members determine to include are set forth in Exhibit \_\_\_\_\_ attached hereto and made a part hereof

FORM NO MLLC-6 (1 of 2)

	DATED October 25, 2004
Organiser(s)*	Paul E. Peck
(sugmaner)	(type or print name)
(ыдамие)	(whe or laying transe)
(signature)	(type or print name)
For Organizer(s) which are Entities	
Name of Entry	
By(universed stetature)	(cype or print name and expecity)
	- <b>/</b> /
Name of Entity	
By (authorized agranure)	(type or print mark and capacity)
Name of Funty	
By	(type or prins norme and capaulty)
<b>~</b>	as registered agent for the above-named lumited liability company  DATED October 25, 2004
Registered Agent	Paul E. Peck
Signature	(type or prim same)
For Registered Agent which is a Corporation	
Name of Corporation	
By	(type or peux nouve and capacity)
	gn, Ferm MLLC 18 (31 MRSA §607 2) must accompany this document.
**Examples of professional servace corporar veterinarians (This is not an inclusive list - see I	uons are accountants attorneys chiropractors destasts, registered nurses and 3 MRSA §723 7)
*Articles MUST be signed by  (1) all organizers OR	
(2) any duly anthonized person	th or affirmation trader the penalties of false swearing under 17-A MRSA \$453
Please remit your payment made navable to the b	-laine Secretary of State

SUBMIT COMPLETED FORMS TO CORPORATE EXAMINING SECTION, SECRETARY OF STATE,
101 STATE HOUSE STATION, AUGUSTA, ME 04333-0101
NO MILC-6 (2 of 2) Rev 8/L/2004 TEL. (207) 624-7740

FORM NO MILIC-6 (2 of 2) Rev 8/1/2004